MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020058

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10-02 Registrar's No. 2553

FILED MAY 20 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City

Length of stay in 1b: 40 yrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital

Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Jackson

c. CITY OR TOWN: Kansas City

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 1004 Locust

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First	Middle	Last
	Charles	Edward	Ehrhart

4. DATE OF DEATH: Month: May Day: 1 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-26-1879 85

9. AGE (last birthday): 77

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY: Rock Island R.R.

11. BIRTHPLACE (City and state or country): Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Fred Ehrhart

13b. MOTHER'S MAIDEN NAME: Florence Coleman

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Maurine Hansen - 5606 East 16th St., K. C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): cerebral vascular accident (Thrombosis)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): cerebral arteriosclerosis

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 17 da

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to 5/1/63 and last saw her him alive on 5/1/63

Death occurred at 4:06 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James R. McVay M.D.

22b. ADDRESS: 814 VFW Rd Edgo

22c. DATE SIGNED: 5/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-4-63

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): Topeka, Kansas

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Funeral Home 1800 East Linwood, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 5-2-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Mrs. James R. McCoy, Jr.
V. F. W. Bldg
Va 496 W 34 St
1-5800
814
Between 2 & 5 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 4641

P. O. Address K.C. Mo -

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.